

# INVOICE

**Your company Name**

*[Your Company Slogan]*

[Street Address]

[City, ST ZIP Code]

Phone [509.555.0190] Fax [509.555.0191]

INVOICE #[100]  
DATE: OCTOBER 9, 2011

**TO:**

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

**SHIP TO:**

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

**COMMENTS OR SPECIAL INSTRUCTIONS:**

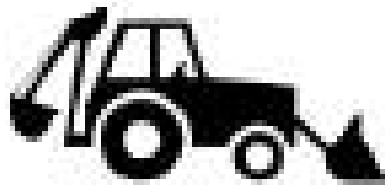
SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
<b>TOTAL DUE</b>	

Make all checks payable to **[Your Company Name]**  
 Payment is due within 30 days.  
 If you have any questions concerning this invoice, contact **[Name, phone number, e-mail]**

Thank you for your business!




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# INVOICE

CUSTOMER

DATE

QTY	UNIT	ITEM	PRICE	TOTAL

SUBTOTAL	
OTHER	
TAX	
TOTAL	

# INVOICE

From **Company**  
Street Address  
City, State, Zip Code  
Telephone Number

Invoice For **Company**  
Street Address  
City, State, Zip Code  
Telephone Number

Invoice ID **1**  
Issue Date  
Due Date  
Terms Due upon receipt

Description	Quantity	Unit Price	Amount
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

**Subtotal** 0.00  
**Tax (0.25 = 25%)** 0.00%  
**Amount Due** 0.00

Notes  
Comments or special instructions for your client

Create web Invoices at [www.gaffarweb.com](http://www.gaffarweb.com)

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